

Name of Foster Parents (s): Leonides Albano

Date of Inspection: 8/12/21

Department of Health
Developmental Disabilities Division
Adult Foster Home Corrective Action Report

No deficiencies

SECTION	PLAN CORRECTION (To be completed by the caregiver)	Completion Date
<p>§11-148-16 RECORD: (b)(2)(C)(5) During residence, foster adult record includes physician's signed orders for diet, medications and treatment.</p>	<p>Effective immediately, the certified caregiver shall always have a signed physician's order for every medication or treatment, including orders to discontinue a medication or treatment. The certified caregivers shall obtain physician's orders for the identified medications by 9/12/21.</p>	9/17/21
<p>§11-148-28 RESIDENT'S ACCOUNTS: (d) Record contains an accurate accounting of foster adult's money and disbursements kept on an ongoing basis, including receipts for expenditures.</p>	<p>Effective immediately, the certified caregiver shall keep an accurate accounting of the foster adults' money. The certified caregiver shall submit to the Certification Unit an accounting of the foster adults' money for the past year by 9/12/21.</p>	9/17/21
<p>§11-148-28 RESIDENT'S ACCOUNTS: (d) Record contains a current inventory of possessions.</p>	<p>Effective immediate, the certified caregiver shall always keep a current inventory of the foster adults' possessions. The certified caregiver shall submit to the Certification Unit a current inventory of the identified foster adult's possessions by 9/12/21.</p>	9/17/21

